

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Flu alert brings call for winter plan in Scotland

ABPI tells Milburn: 'Use medicines for better public health'

Glasgow offers NRT at subsidised rate

Lloydspharmacy says 'no' to on-line service

UniChem launches investment scheme for pharmacists



Managing asthma: a dispensary view

Online at <http://www.dotpharmacy.com/>



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we're committed to Meltus in Pharmacy

This winter sees our biggest Meltus campaign ever, with our 7th consecutive year on TV, and again a cat plays a role your customers will remember.

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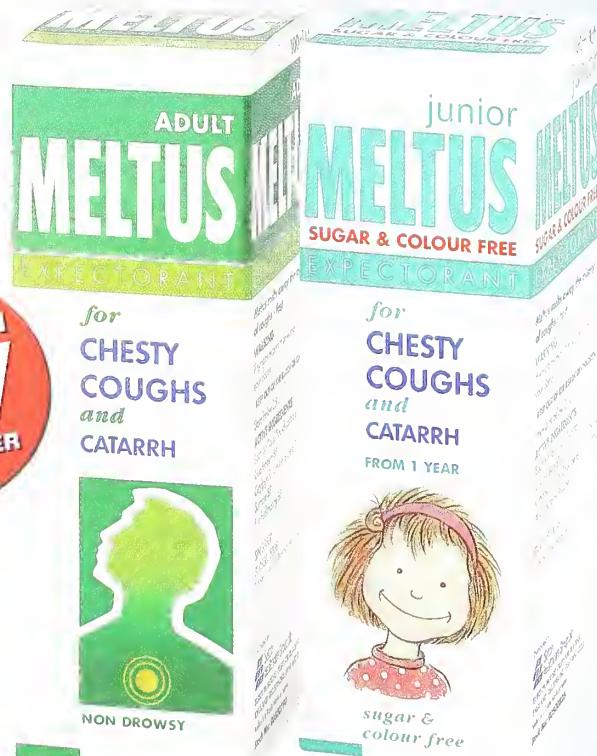
Meltus continues to be the fastest growing major cough brand in Pharmacy ** offering effective relief for the whole family. And we remain committed to pharmacy by offering you excellent profit deals all year round.

So whichever way you look at it,
Meltus is the cat's whiskers.

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ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. **Presentation:** Oral liquid. Each 5ml contains 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. Use in pregnancy and lactation: No known contraindications. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml RSP £3.05, 200ml RSP £4.49. **PL Number:** 0338/5026R. **PL Holder:** Cupol Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubiton House, Oldham OL1 3HS.**

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. **Presentation:** Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years: one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** RSP £2.75. **PL Number:** 0338/0086. **PL Holder:** Cupol Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubiton House, Oldham OL1 3HS.**

* Taylor Nelson Sales Counterpoint season 98/9 vs season 97/8. ** Independent Audit MAT June 1999.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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COMMENT

Loydspharmacy will not be providing on-line pharmacy services. The pharmacy process should be a face-to-face consultation with the customer that adds value. It's not just about pushing out drugs. So says Michael Ward, chief executive of Gehe UK, in the first firm statement of intent from a major pharmacy multiple about how it intends to approach 'internet pharmacy' (p27). Mr Ward's view should get a sympathetic response from most pharmacists since it encapsulates the nub of the argument - the benefit a personal intervention by a pharmacist can add to the supply process. There are, no doubt, practical considerations backing up this sentiment as well. For many people, the need for a medicine is an acute one, and the delay in receipt of a prescription item or Pharmacy medicine make supply via the internet an unattractive option. The Royal Pharmaceutical Society rushed out its ethical guidance on internet pharmacy just before Christmas. It accepts, *de facto*, the existence and legitimacy of internet supply, subject to certain professional requirements. Solicitor David Reissner sets out the legal framework within which the Society has made its decision on p20. But a cautious approach by the multiples to the supply of medicines over the internet must not be confused with a lack of interest in on-line services. There is considerable scope for community pharmacies to add an extra dimension to the existing 'pestle and mortar' service. It is this approach that Numark is promising in this year (C&D October 23, 1999, p34). With all these developments in the wings, as well as a well-flagged desire by wholesalers to exploit e-commerce with their pharmacy customers, those pharmacists who are not yet on the net could soon find themselves at a disadvantage. C&D's quarterly business survey at the end of last year showed only 34 per cent of pharmacies had access to the internet, although 61 per cent were on-line at home. How long before it is 100 per cent?

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Glasgow pharmacists are taking part in stop smoking scheme



Head lice most common reason for referral

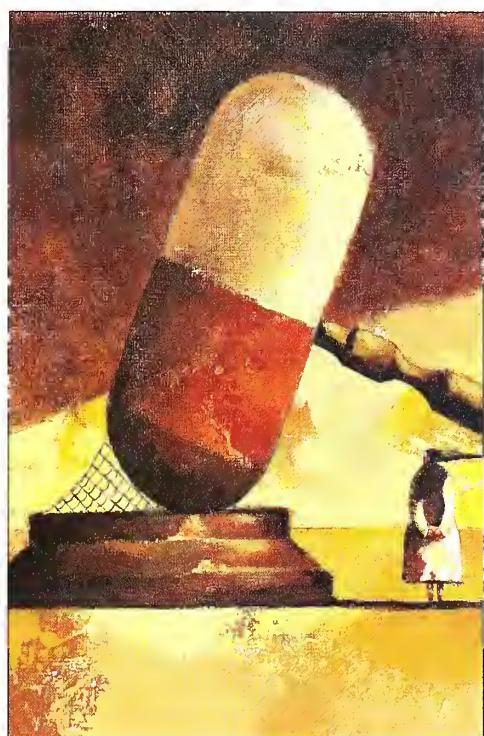
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Mothers with children needing head lice treatment are being referred to pharmacists in Merseyside

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Independent pharmacists could become shareholders in other pharmacies in new EIS scheme



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Pharmacists have joined the criticism of this winter's health planning in Scotland by arguing that the NHS Executive winter campaign could have been extended north of the border.

With reports that the flu outbreak is reaching epidemic proportions, Scottish health professions were dismayed that the NHS in Scotland had not "piggy backed" onto the winter campaign in England and Wales.

Scottish Pharmaceutical Federation vice-chairman Ian Johnstone was quoted in last Saturday's *Scotsman* saying there had been a major missed opportunity. He continued: "The Scottish Executive now appears to be running about like headless chickens." He questioned why the Scottish Executive could not anticipate the problems in the same way that the Department of Health in England had done. "After all, flu doesn't stop at the border," he said.

Since August, SPF public affairs executive Bob Cuddihy has been working to raise awareness of the winter planning campaign. "The NHSIS cannot say that it has not been warned," he said this week. Questions have been asked in the Scottish Assembly, but the official response as to why the NHSE Winter campaign

Indemnity needed for internet services

The Chemists' Defence Association has been unable to provide professional indemnity insurance for Pharmacy2U, the on-line pharmacy offering OTC medicines and dispensing of private prescriptions.

Managing director Daniel Lee has had to seek alternative cover from the Lloyd's market, although his pharmacy is a member of the NPA.

The NPA's legal executive, Glyn Walduck, told *C&D*: "At present the Pharmacy2U service is at odds with the NPA's policy on mail order pharmacy and e-commerce. But it's a new area and if it were to gain ethical approval from the Society, we would put the matter to the NPA board to see if it wanted to extend CDA cover."

IN BRIEF

BPA web site

Boots Pharmacists' Association has launched a web site containing information on the BPA's origins, functions and operations at: <http://omnisbpa.members.beeb.net>.

Free NHSnet access for GPs

GPs will have free 24-hour, seven-day-a-week access to the NHSnet and the internet, following agreement between the NHS Executive and service providers.

Scottish pharmacists attack NHSIS over winter planning

was not taken up north of the border is that NHS Direct does not extend into Scotland.

Part of the problem has been the apparent rush to rectify the situation and ease pressure on the NHS. An NHSIS advert on December 29 referred people who believed they may have flu to the GP without mentioning pharmacists. It was not until January 8 that the public health messages suggested a visit to the pharmacist. Even so, a Scottish Executive press statement on January 10 recommended that people self treat or consult the GP, with no mention made to ask the advice of the community pharmacist.

Future planning

Despite criticisms of the current problems, the health professions have united with a pledge to work more closely in planning for future winters.

A joint statement from the Scottish Pharmaceutical Federation, British

Medical Association and the Royal College of Nursing calls for the Scottish Executive to establish a winter pressures working group to evolve a strategy for future years that avoids the problems the NHS has faced this winter.

The alliance has sent a letter to health and community care minister Susan Deacon asking that a working group be set up comprising representatives of health professions, patient groups and NHS management to look at what lessons can be learnt from vaccination and public information campaigns in other parts of the UK.

The BMA's Scottish Council chairman, Dr John Garner, commented: "Doctors, nurses, pharmacists, and I believe the people of Scotland are deeply frustrated at the pressures faced by the NHS every winter. There is a willingness, however, to work together to try to find solutions to this problem and we would hope that the

Scottish Executive will join us in this initiative."

Relenza review

Glaxo Wellcome has written to both the health secretary, Alan Milburn, and the chairman of the National Institute for Clinical Excellence, Sir Michael Rawlins, asking them to reconsider the interim guidance issued on the use of Relenza this winter.

In a statement issued on Monday, the company argued that further vaccination would take at least two weeks to become effective so "will not help provide the necessary support and protection needed now by patients and the NHS.

"Given the limited options currently available to the NHS, controlled use of Relenza for the treatment of selected patients could make a significant difference in helping patients and the NHS to manage this current epidemic," it says.



A smoking cessation centre manned by a full-time adviser has opened in a Weldricks pharmacy in Yorkshire. The new centre in Royston was opened by Barnsley footballer David Watson (second left) in December. Sponsored by Pharmacia & Upjohn, the centre will offer advice and literature on quitting as well as smokerlyzer testing to measure smokers' carbon monoxide levels. Mr Watson is pictured with (l-r) Paul Matthews, Weldricks' northern regional business co-ordinator, David Vanns, pharmacy operations director for Weldricks, and Rosie McDermott, pharmacy manager.

● Calls to the NHS stop smoking helpline and to the QUITline have reached 36,000 since the Government's anti-smoking campaign was launched on December 13. This figure is 250 per cent up on the number of calls to the QUITline last year

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in December:

- Post-marketing surveillance (1146)
- Domiciliary care (1147)
- Antidepressants (1148). To be included in their July to December certificate, registered users must record their scores by February 19.

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Internet users can access the dot-pharmacy site (<http://www.dotpharmacy.com>). The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

NICPPET pays

The Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training will again pay for pharmacists in the province to sign up to Pharmacy Update. Pharmacists wishing to register under the NICPPET scheme should refer to the Pharmacy Update enrolment form on page 22.





Fiona Harte has taken over from Ivan Morrison as president of the Ulster Chemists' Association. Ms Harte owns a community pharmacy in Carrickmore, and has been on the UCA committee for six years. She is looking forward to the current year which will see the development of the new Northern Ireland Assembly. Lobbying has already begun with a letter sent to the new health minister requesting a meeting. She says lobbying will encompass 'everything' as there is a 'clean sheet' to work on. Ms Harte is pictured here receiving the chain of office from Mr Morrison at a ceremony held last month

Scottish Pharmaceutical General Council announces drug shortages for January

Scottish Pharmaceutical General Council has issued the following list of drugs in short supply, for which PPD will accept pharmacists' prescription endorsements for January.

Aluminium hydroxide tablets 500mg; amoxycillin capsules 250mg; amoxycillin sachets sugar free 3g; bendrofluazide tabs 2.5mg; chlorpheniramine tabs 4mg; chlorpro-mazine tabs 50mg; cinnarizine tabs 15mg.

Co-amilozide tabs 2.5/25; co-trimoxazole tabs 160/800mg; haloperidol tabs 10mg.

Imipramine tabs 25mg; indomethacin caps 25mg; isosorbide dinitrate tabs 10mg; isosorbide dinitrate tabs 20mg; mebeverine tabs 135mg; metformin tabs 500mg; metoprolol tabs 50mg; minocycline tabs 50mg; oxprenolol tabs 20mg; oxprenolol tabs 40mg; oxprenolol tabs 80mg.

Penicillamine tabs 250mg; salbutamol tabs 4mg; trifluoperazine tabs 5mg; trimethoprim tabs 200mg; vitamin B compound strong tabs BPC.

Further information and updates will be posted on the SPGC web site, www.spgc.org.uk, the NPA site, or C&D's dotpharmacy site.

ABPI seeks greater role for medicines

The Association of the British Pharmaceutical Industry is to meet the health secretary later this month to discuss how medicines can help the Government achieve its public health objectives.

In a report published this week, the ABPI says it finds it surprising that the 'Saving Lives' White Paper did not identify a clearer role for medicines in reducing deaths from cancer, coronary heart disease and stroke, accidents and mental illness. Its report, 'Hitting the target', argues that medicines are good value for money and suggests that:

● more equal access to anti-cancer medicines throughout the health ser-

vice would reduce the need for hospital admission and costly high-tech surgery

- medicines could reduce the risk of cardiovascular disease associated with obesity, smoking and hypertension, while a wider use of statins, aspirin and ACE inhibitors could help in secondary prevention
- greater use of hormone replacement therapy could reduce deaths from hip fracture and the costs of long-term care
- use of the more modern antidepressants and antipsychotics could lower the suicide rate.

At a press conference to launch the report, Dr Trevor Jones, the ABPI's

director-general, said that medicines accounted for only 12 per cent of total NHS costs. Spending a further 1 per cent would go a long way towards saving lives and keeping people out of hospital, which costs £1,400 for a week's stay compared with £9 for the average prescription medicine.

He said he was encouraged by Alan Milburn's recent remark that there was no reason why new drugs should not comprise a much higher share of the growing NHS budget (C&D

January 8, p6). The ABPI would ask the health secretary how the industry could collaborate with the NHS to achieve the Government's targets and improve access to medicines, as well as making the National Institute for Clinical Excellence's decisions more transparent.

The ABPI's director of medicine, Dr Richard Tiner, said the introduction of clinical governance could put pressure on prescribers to make sure patients received the best treatments.

CPAG urges pharmacists to complete lengthy RPM questionnaire

Around 3,000 pharmacies - both multiples and independents - have received a lengthy questionnaire this week, which is part of the information gathering process for the resale price maintenance court hearing in October.

Community Pharmacy Action Group chairman, David Sharpe, said it is important that contractors return the questionnaire, despite its complexity and length.

"It is essential for the presentation of our case to the court in October that we have the fullest amount of information possible and we would encourage all pharmacists to co-operate," said Mr Sharpe.

National Pharmaceutical Association director John D'Arcy said members calling for advice were being

urged to complete and return the form by February 5.

In June 1999, at an initial hearing, the court ordered the OFT to work together with the pharmacy side and share information. Manufacturers and wholesalers have already been presented with lengthy questionnaires.

To ensure confidentiality and impartial treatment of the information, analysis of the survey is being handled by accountants Grant Thornton.

Mr Sharpe stressed that any information supplied would be treated in confidence. "Only Grant Thornton, the independent accountants, will have access to the information, and it will be collated anonymously subject to a confidentiality agreement imposed by the court," he said.

Fit for the Millennium

Are you planning to enter your recently refitted pharmacy for the C&D Whitehall Laboratories Pharmacy Design Awards? There are prizes totalling £5,000 to be won. If so you will need to act fast because the closing date is February 1. Entry forms are available from Jan Powis, *Chemist & Druggist*, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW (tel: 01732 377487). And if you are one of those who have requested an entry form already, don't delay in sending it back!

Pharmacists can supply emergency contraception under HA protocol

Pharmacists wishing to supply emergency contraception under protocols can do so with the agreement of their local health authority and the Royal Pharmaceutical Society.

Roger Odd, head of professional and scientific support at the Society, said that pharmacists could operate a scheme similar to the one already running in Manchester (see C&D January 8, p5).

Pharmacists there are supplying emergency contraception legally because the local health authority approves, and assumes responsibility for, their protocol. The protocol being used was developed in conjunction with the Society.

Pharmacists in other areas could use a similar protocol, or develop their own to suit local circumstances, said Mr Odd. Anyone interested in developing such a protocol should speak to either Mr Odd, Sue Sharpe, head of the professional standards directorate, or

Stephen Lutener, head of pharmacy law.

The pilot scheme in Manchester was welcomed by Mr Odd. "It will only help the position for all pharmacists who wish to provide emergency contraception. The evidence will help show the benefit of pharmacy involvement," he said.

Mr Odd is still in discussion with the Department of Health about pharmacists' role in the supply of emergency contraception and he expects a breakthrough this year. "It would be not just supply, but [about] the whole area of sexual health and pharmacists' role," he said.

A spokesman for Schering Healthcare, manufacturers of PC4, called the pilot scheme a "very interesting initiative".

"I would hope that when they have some findings they give it some publicity so that we can all see how it's gone," he said.

Latanoprost discount decision awaited

The Pharmaceutical Services Negotiating Committee is "waiting to hear back" from the Department of Health about a retrospective adjustment of discount for latanoprost eye drops dispensed between March and August.

Zero Discount applied to both Xalatan and its generic equivalent, latanoprost, prior to March. But when latanoprost was added to Part VIII of the *Drug Tariff* in March, zero discount was not applied to generically-written prescriptions. This situation was rectified in August, when latanoprost was added to the Zero Discount list.

PSNC has applied to the DoH for a retrospective discount for latanoprost prescriptions for March, April, May, June and July and is waiting to hear the response. The situation is similar to that for tacrolimus capsules, for which PSNC has obtained retrospective discount.

Subsidised NRT in Glasgow stop-smoking scheme

Glasgow pharmacists are offering nicotine replacement therapy at a subsidised rate, in a stop-smoking scheme being run with other health professionals.

The smoker's GP signs a form to take to a pharmacist who decides on the most suitable product. John Curry, the pharmacist at Woodside Health

Centre who is co-ordinating the project, has negotiated a special price for Nicorette so that the smoker pays the trade price plus a £2 consultation fee to the pharmacist, and the GP waives the charge for what is in effect a private prescription. Other brands are available in other pharmacies.

Uptake has been good, he said, with

about 100 people enrolling at Woodside since November 1. The pilot was to finish on January 31, but has been extended to take account of the many extra smokers who enrolled over the New Year.

Participants will be followed up to see how successful the scheme has been.

Asda cuts price of Nicorette ... but just for one day

Pharmacia & Upjohn has forced Asda to keep the price of Nicorette Gum at its resale price maintained level.

Last Friday, the supermarket chain announced it was cutting the price of Nicorette Gum by 20 per cent, in defiance of its RPM status. A January 7 press release claims the move "will come as a blow to multinational phar-

maceutical companies, who have fought tooth and nail to keep RPM on everyday healthcare items". But at

5.30pm that evening the prices were returned to normal after the company received a legal letter from Pharmacia & Upjohn.

This is the sixth time that Asda has cut the price of an RPM product - in

this case they cut the price of a packet of 30 2mg pieces 20 per cent from £5.69 to £4.49.

Nicorette Gum 2mg moved to the General Sales List in July 1999. Asda claims that in the four years it has been campaigning against RPM, "medicine price fixing has led to ordinary shoppers being overcharged by £1.5bn".

PSNI Council addresses concerns about training

The Pharmaceutical Society of Northern Ireland has made two recommendations to address concerns about training issues raised in the Vision 2020 and James Hodgson Associates reports.

It has recommended that the School of Pharmacy be commissioned to carry out a research project into the training implications of Vision 2020. The project will be presented to the Northern Ireland Centre for Pharmaceutical Postgraduate Education and Training in January to seek funding for a two-year programme.

A project has been commissioned from the Queen's University of Belfast School of Pharmacy to review the current pre-registration training manual and tutor's guide, and to develop a new manual and guide that reflects current training and CPD practices. Funding for a one-year project should be sought from NICPPET in January.

Electronic prescribing After attending a seminar in December (see *C&D* January 8, p22), Dr McClelland expressed the view that Northern Ireland was in a unique position, owing to the uniformity of its pharmacy computer systems. She said she believes that PharMed are keen to see pharmacists take control of the electronic prescription procedures. The opportunities presented were clear, but the potential for mail order pharmacy could not be ignored.

Dr McClelland's report recommends

that a joint meeting be held between McLernons, the Pharmaceutical Contractors' Committee, the Ulster Chemists' Association and the Society. A meeting of the Practice Committee was to be held on January 10. Mr McLernon would be invited to address this meeting on installing internet access in pharmacies. **GSL mepyramine** Council will oppose the proposal to add topical mepyramine 2 per cent to the General Sales List.

New board members Professor McElroy, president of PSNI, welcomed new members of Council: Lesley Edgar, Anne Friel, Cliff McElhinney and Roisin McGrath.

Western HB nominee Linda Smith of Londonderry is to be nominated as the member of the Western Health & Social Services Board Pharmacy Practices Committee. Three nominations have been requested and the two retiring members, M Harte and A Frazer, along with Mrs Smith will make up the three nominees.

Secretary's report A letter has been sent to the new health minister in the Northern Ireland Assembly, Bairbre de Brun, congratulating her on her appointment.

● A copy of the Poisons Guide has been sent to each pre-registration student together with a newsletter. ● A meeting of the Benevolent Fund committee had been held on 7 December, 1999, and a number of awards had been issued.

● A meeting of the Statutory

Committee has been arranged for Thursday, 20 January, 2000.

● Dr Claire Anderson has agreed to act as external examiner for the registration exam to be held in June. Dr Terry Maguire has also agreed to oversee the registration exam for 2000.

● The domain name *psni.org.uk* has been reserved on behalf of the Society.

● The following applications for registration under the reciprocal agreement which exists between the RPSGB and PSNI were accepted:

Penelope Ruth Beck of Guildford; Dr Mareed Ahmet Mughal of Leeds; Lisa Adele Donaghy of Leeds; Stephen John Corey of Moneymore, Co Londonderry. ● Frances Mary Hamilton Larne of Co Antrim has been restored to the Register.

Ethics The Committee has discussed the RPSGB's consultation document 'Pharmacist Ethics & Professional Performance' and will respond.

The next Council meeting will be held on January 20.



The Colchester branch of Moss Pharmacy has won the Moss Pharmacy of the Year 1999 competition. The branch was assessed on presentation, customer service, stock management, promotional compliance and training progress. Chris Sampson (second left), branch manager, is pictured with his staff receiving a £500 cheque and trophy from John Taylor (left), sales director of sponsors Warner Lambert, with Barry Andrews, Moss managing director (third from left). Staff also won a meal out at a restaurant of their choice, courtesy of W-L

The consumer is king

One of the advantages of not working in retail was the extended break over Christmas and the New Year. This year it was particularly long and provided the opportunity to look back, not just on 1999, but on the past decade, and at the same time to look forward into the 2000s. While many pharmacists were hard at work, I did my reflecting on the OTC market and kept coming back to the same thought: standing still is not an option.

"Offering the same old solutions is standing still and that is not an option"

We are all in the OTC market to provide products and services and, importantly, to make a profit. Industry provides to retail and retail provides to the consumer. At the start of the 1990s relationships were well defined: by the end of the decade many had gone and many others are changing.

Much of this change is being driven by increased demand from consumers. Their demands are being fuelled by dramatic changes in what is offered and how it is offered in all areas of retail. If consumers do not feel valued they will vote with their feet and take their custom elsewhere. The current situation at Marks & Spencer should act as a constant reminder that the consumer is king.

As has often been stated, the OTC market remains flat. With costs increasing there is a real need to fuel market growth to ensure profits are maintained. One way to achieve this is to encourage consumers to view OTC medicines, particularly Pharmacy medicines, in a more positive light. Industry and retail, working together, need to better understand the needs and aspirations of consumers and meet these with superior products and services.

Pharmacy medicines are unique to pharmacy. Manufacturers will constantly strive to produce product innovation and more P medicines will be launched in the 2000s. Together we must 'retail' these products with conviction and, dare I say it, enthusiasm. Offering the same old solutions – indeed offering the solutions that are available outside pharmacy – is, in effect, standing still and that is not an option.

Written by a senior industry manager

Xrayser

Topical Reflections

Flu is not always amenable to advertising

This year's flu epidemic is now in full swing and promises to be one of the worst for years. My sales of cold and flu preparations have rocketed, but mainly on the back of massive TV advertising for 'maximum strength' flu preparations that contain little other than an adult dose of paracetamol.

I know such advertisements are governed by a code of conduct, but those I have seen seem to stretch credibility to its limit. They promise miracles in which one dose of the latest 'maximum strength' cures an afflicted individual and sends them back to work, all in one easy swallow.

Unfortunately, too many customers believe these claims and do try to carry on working, quickly spreading the virus among their fellow workers, which is not necessarily helpful.

I have no problem with the principle of advertising cold and flu remedies, but maybe it is now time to insist on a balance of information. It should be made clear in the ad (and not in the small print that no-one can read) that the product provides symptomatic relief only.

But supportive measures should also be advised. Stay at home, keep warm, drink plenty of fluids but above all don't spread your germs around the rest of the population. They don't want them!

Nice one, Phillips!

Congratulations to Graham Phillips for an excellent example of how actions speak louder than words (*C&D* January 8 Letters). No matter how much I complain I am still anonymous and can be ignored, but if the cause is just, then Graham has shown how direct action can produce results.

All contractors should benefit from his action (aided by pressure from PSNC) and should take a leaf out of his book. And your next campaign? How about broken bulk on dressings and appliances, my gripe from last week?

I'm with the MCA...

St John's Wort is a licensed medicine in Germany but is marketed as a food supplement in this country. However



if rumour is right, the Medicines Control Agency is now seeking to classify it as a medicine when it is combined with vitamins and minerals (*C&D* January 8, p4).

This time my sympathies lie with the MCA, and the National Association of Health Stores would be well advised to reflect on the effect of its present campaign in Parliament to maintain the classification of St John's Wort as a food supplement.

I must admit that I find the legal difference between St John's Wort marketed alone or in combination confusing, but I do know that my customers consider it to be a medicine and expect it to come packaged with both indications and proper dosage instructions.

The early day motion, tabled by Richard Allen MP, is designed to maintain the status of 'food supplements' but expresses concern that 'safe and popular' products may need 'exorbitantly expensive and difficult to obtain' product licences. I could not agree more, but it is not the product licence that is at fault, it is the exorbitantly expensive mechanism for obtaining it.

I would like the whole of the House of Commons to sign this early day motion. Then the Government might take note and change the law to require the possession of a simplified product licence for all those so called food supplements, including St John's Wort,

which are presently consumed as medicines.

Community pharmacy a model for easy access

If a report in *The Guardian* (January 6) is to be believed the present ease of access to community pharmacies could be the future model for all primary care services.

The thrust of government policy appears to be a move towards 'open all hours' healthcare provision, and freedom of choice for the consumer. And the British Medical Association appears to have accepted the inevitability of such changes. John Chisholm, chairman of the BMA's GP Committee, has said he accepts that NHS Direct could become the door to primary care medical services, but he stressed the importance of GPs retaining comprehensive medical records.

However, with the reliable electronic transmission of data now a reality, all individually held patient registration systems become unnecessary. It only remains for the fundamental political decisions to be made before all patients are able to access all primary healthcare professionals, whenever and wherever they prefer. Just as they have always done in community pharmacy!

LETTERS

Making the best use of a limited advertising budget

I was very pleased to see that Xrayser (January 8) considers the visuals for the National Pharmaceutical Association's recent 'Ask Your Pharmacist' advertorials campaign "eye-catching" and the slogans "topical".

As ever, Xrayser's timing is impeccable! He will be gratified to learn that our new creative executions - which will make their debut in the spring (March/April) issues of high circulation magazines, such as *Top Santé, Slimming, Mother & Baby* and *She* - now feature a distinctive, visually-led approach.

However, what Xrayser and your readers should appreciate is the significant difference between a short-copy advertising campaign and the advertorial style adopted successfully by the NPA for a number of years.

By definition, advertorials tell a story and are meant to look like articles in the magazines which carry them. The magazine already has the reader's interest. Advertorials maintain it.

The 'Ask Your Pharmacist' communication message is not a straightforward 'product sell' - it's an image building and public health information exercise. Our advertorials have proved the perfect vehicle to get over a large number of key issues and messages about pharmacy - such as pharmacy protocols, resale price maintenance and medicine safety, to name but a few.

More importantly, they represent the best possible use of what is, by any standards, a very limited budget.

After four years, this advertorial approach has not only enhanced considerably the public profile of community pharmacists, but has enabled us to develop strong and positive editorial opportunities with the influential women's media.

We hope that our new-look, punchy campaign style will prove to be equally successful! And we are confident that the exciting 'Ask Your Pharmacist' Millennium Roadshow, which tours the UK for six weeks during May and June (C&D December 4, 1999 p4), will bring added value to our advertising and PR campaign messages this year.

John D'Arcy
Director, National Pharmaceutical Association

Head lice most common reason for referral

Mothers with young children needing head lice treatments have made the most use of a scheme in which patients visiting a GP are offered a consultation with a pharmacist instead.

Patients seeking an appointment or a report prescription at a four-GP practice in Bootle, Merseyside, are asked discreetly by the receptionist if they want to see the doctor about one of 12 self-limiting conditions, ranging from cough to indigestion. If so, they are asked if they would see a pharmacist rather than wait for the doctor.

The eight pharmacists in the 'Care at the chemist' trial can prescribe from a formulary or refer the patient to the GP if necessary. Patients receive medicines under the same financial conditions as if they were getting a prescription directly from the GP. The health

authority pays the pharmacist £1.50 to cover the consultation and dispensing, even if a medicine is not dispensed, while the drug costs are reimbursed in the usual way.

The scheme started last August and by the end of October 1999, 251 patients or 35 per cent of those eligible, had used it. Head lice treatments accounted for 56 per cent of prescription requests.

Dr Karen Hassell, a research fellow at the University of Manchester, described the trial workshop at a joint NPA/NAPC workshop (C&D October 2, 1999, p8). In the *Health Service Journal* last week, she explains how GP workloads could be cut if such schemes were developed to suit local circumstances. The trial runs to the end of March.

DoH to consult on anti-baldness drug

The Department of Health has started a consultation on the prescription status of Propecia, the anti-baldness drug.

Manufacturer of the drug, Merck Sharp & Dohme, has requested that the product be added to schedule 10, so it would not be available at NHS expense. This is the same approach as it has taken in other countries.

Propecia was recently granted a marketing authorisation for the treatment of male pattern hair loss. This means that the product could have been made available immediately

through the NHS. But MSD has decided not to make Propecia available until it is clear how it should be paid for.

The Department of Health has welcomed MSD's "responsible" approach. "Treatment of natural hair loss cannot compare with our priorities of cancer, heart disease and mental health," it said.

Organisations representing pharmacists, the pharmaceutical industry, patients, doctors, and NHS leaders are included in the consultation. The results will be published in February.

First 13 PCTs announced

The Government has announced the first 13 primary care trusts that will come into operation on April 1 in England. Two more will come into operation in October.

The first 13 PCTs will be in:

- South Manchester
- Daventry
- Southampton East
- Fenland
- North Peterborough
- South Peterborough
- Tendring
- Epping Forest
- Southend
- Central Derby
- Mansfield District
- North East Lincolnshire
- Newark & Sherwood

The two PCTs scheduled for October are Hertsmere and West Norfolk.

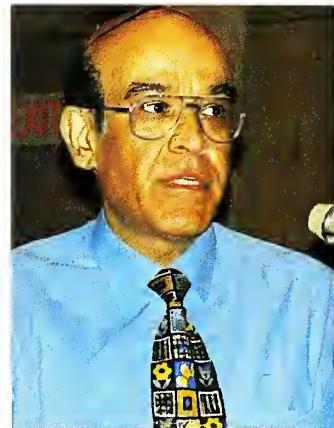
PCTs are free-standing bodies accountable to the health authority and are higher level primary care groups - currently PCGs are levels 1 and 2. PCTs

are level 3 and 4. Level 3 and 4 PCTs will be responsible for commissioning care and level 4 PCTs will also provide community health services.

NHS Executive advice issued at the end of December sets out the next steps for setting up PCTs (HSC 199/246). This says that although prescribing is one component of unified budgets, and is included within cash limits for HAs and PCTs, GP practices will continue to operate within 'indicative' prescribing budgets which are not subject to cash limits at practice level. As such, PCTs and PCGs are being asked to set prescribing resource shares for their constituent practices for 2000-01. It also points out: "Recent experience suggests that the creation of large contingency reserves at a HA level may detract from local actions to create incentives for the better management of these resources."

Documentation on the advice can be found at www.doh.gov.uk/coinb.htm.

Tanna's campaign gets a boost



Ashwin Tanna's campaign to be Mayor of London has received a boost with an interview in the *Evening Standard*.

In Tuesday's edition of the paper, Mr Tanna and eight other candidates answered eight questions about how they would run the capital. Other candidates interviewed included Ken Livingstone, Frank Dobson, Glenda Jackson, Steve Norris and Malcolm McLaren.

Questions were on subjects including transport, the Metropolitan Police, housing and the economy. Mr Tanna is proposing a freeze or possible reductions on fares on public transport, and he is opposed to Tube privatisation. He is also proposing that no planning permission should be granted without an environmental audit. The elections are due to be held in five months' time.

Schoolboy develops e-prescription system

A 15-year-old schoolboy is developing software that will enable electronic transmission of prescription data between GP surgeries and community pharmacies.

Welby McRoberts, from Ashkirk in the Scottish Borders, expects his paperless system to reduce prescription fraud.

The system includes patient smart cards with PIN numbers, and photographic identification that can be held on either patients' cards or pharmacists' computers.

The idea probably came from conversations overheard between Welby's parents - Colin, a community pharmacist, and Carine, a medical herbalist. But they were not aware of the project until Welby had been working on it for some time.

This is not the young computer expert's first success in the commercial world. Having fixed a bug in Windows 95 software, he received a personal letter from Bill Gates and a cheque for £100.

This way for a service you can rely on.

Single point of Contact. Expanded delivery fleet.

Restructured salesforce. These 3 areas are typical examples of our determination to provide independent pharmacy with the very best of service.

Of course we recognise the need to deliver the products you want, when you want them. That's why we strive for the highest levels of stock availability and why we have expanded our delivery fleet to ensure there's no delay in bringing products to your pharmacy. We've also restructured our sales force to provide you with a regular face-to-face contact who can help you with everything from special offers orders to contacts for financial advice.

We also provide a single point of contact at your local branch. They're well trained, friendly and always ready to help. Add to this our Surgical Advice Line and Community Pharmacy hotline and you can see why UniChem's service is so highly rated by our independent pharmacy customers.



SERVICE + INNOVATION + EXCELLENCE + PARTNERSHIP

UniChem Ltd., UniChem House, Cox Lane, Chessington, Surrey KT9 1SN. Tel: 0181 391 2323.



Time to get personal in smoking cessation

You, personalised support and NiQuitin CQ

How can a pharmacy offer a product which helps smokers successfully give up, and give every individual smoker the personalised motivational support that's proven to increase success?

NiQuitin CQ offers an answer. Aside from the advanced rate-controlling membrane which is unique to the NiQuitin CQ 24 hour patch, the most important aspect of NiQuitin CQ (and one that simply isn't offered by any other smoking cessation product), is the *clinically proven* advantage that the free, unique and personalised Committed Quitters Stop Smoking Plan gives to anyone taking up and following the plan.

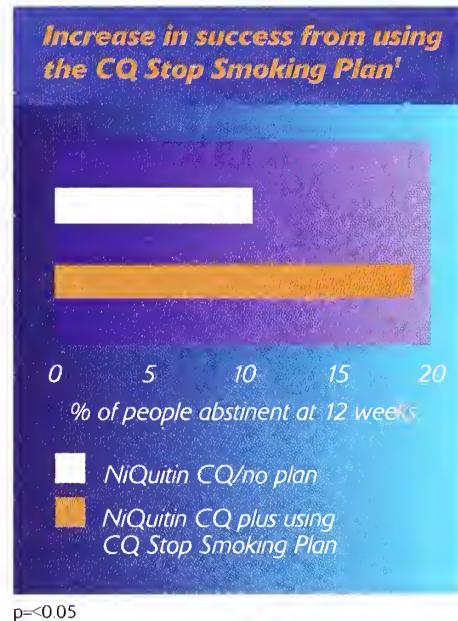
Personalised for success

Shiffman et al quantified the extra benefit that using the personalised Committed Quitters Stop Smoking Plan can give to NiQuitin CQ patches.

The results showed that significantly more people can successfully give up smoking if they additionally read and follow their CQ Stop Smoking Plan, compared to those only using the NiQuitin CQ patches with their in-pack guides.¹

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course.

Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and



NiQuitin CQ: committed to helping them quit

- A clinically proven step-down patch programme
- A FREE clinically proven, individually tailored plan to accompany the patch programme
- A professionally rewarding approach to smoking cessation

For further information, please contact your SmithKline Beecham Consumer Healthcare representative or call 0500 888878.

Every plan is completely different

A FREE enrolment call involves a question and answer style conversation to understand the smoker's habits, smoking history and reasons for wanting to quit. From this, each uniquely personalised CQ Stop Smoking Plan is created, which is sent out in stages throughout the 10 week programme. For example, one person may find social situations difficult, so the plan would contain advice relevant to that. Others find mornings worse, or find they automatically light up when they're bored: the individual plans would take this into account.

Each CQ Stop Smoking Plan is so highly personalised that each individual receives one tailored just for them.



Contains Nicotine

apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch. Rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, UK. Pack size and RRP All strengths 7 patches £19.95, Step 1 only 14 patches £35.95. Date of last revision: February 1999. NiQuitin CQ, CQ and Committed Quitters are trade marks. References: 1. Shiffman et al; Abstract presented at the first International Conference of The Society for Research on Nicotine and Tobacco, Copenhagen, August 1998.

Script specials



Cardicor for heart failure

Merck is launching Cardicor (bisoprolol) on January 24 for the treatment of heart failure.

Cardicor, a highly selective beta-1-blocker, is licensed for the treatment of stable chronic moderate to severe heart failure with reduced systolic ventricular function. It is for use with ACE inhibitors and diuretics and, optionally, with cardiac glycosides.

Treatment can be initiated by any physician who has experience of treating heart failure, including those in primary care.

In CIBIS II (Cardiac Insufficiency

Bisoprolol Study) bisoprolol was shown to reduce total mortality by 34 per cent, sudden death by 44 per cent and hospitalisation from heart failure by 36 per cent. John McMurray, professor of cardiology at Glasgow University, says that for every 1,000 heart failure patients treated for a year with a selective beta-blocker, 40 deaths would be prevented.

Although traditionally said to be contraindicated in this condition, beta-blocker therapy has been shown to produce large reductions in death and hospitalisation in people with sta-

ble heart failure and should now be part of the standard treatment regimen.

The cost of one day's treatment is £0.34. Adding this to the cost of existing treatment could result in an annual cost-saving to the NHS of £250 per patient, says Merck.

Cardicor comes in six strengths matching the titration schedule used in the CIBIS II trial: 1.25mg, 2.5mg, 3.75mg, 5mg (basic NHS price £8.56 for each 28-tablet pack), 7.5mg (28, £9.09) and 10mg (28, £9.61).

Merck Pharmaceuticals.
Tel: 01895 452200.

IN BRIEF

Lipobay 400mcg launched

Bayer has added cerivastatin 400mcg to its Lipobay range (basic NHS £17.35 for 28-tablets). Taken daily, it achieves reductions in low-density lipoprotein cholesterol of 38-44 per cent, compared with 22-31 per cent with the existing daily doses of 100mcg, 200mcg and 300mcg cerivastatin. The 400mcg daily dose is the maximum recommended.

Bayer plc. Tel: 01635 563000.

New generic lines from Lagap

Lagap has introduced two new generic products: metaclopramide syrup 5mg/5ml (150ml, £3.83) and fluoxetine capsules 20mg (30, £19.44).

Lagap Pharmaceuticals Ltd.
Tel: 01420 478301.

Migravess discontinued

Migravess and Migravess Forte have been discontinued because of problems sourcing one of the ingredients and because of decreasing demand. Bayer says it has endeavoured to find alternative suppliers and is reluctant to cease production.

Bayer plc. Tel: 01635 563000.

Concordin 10mg discontinued

Merck Sharp & Dohme has discontinued Concordin (prazepam) 10mg and current stock is expected to be depleted shortly. Concordin 5mg continues to be available as before.

Merck Sharp & Dohme Ltd.
Tel: 01992 467272.

CombiDerm N on prescription

CombiDerm N dressings from CanvaTec are now available on NHS prescription. CombiDerm N comes in three sizes: 7.5 x 7.5cm (10, basic NHS price £10.30), 14 x 14cm (10, £18.40) and 15 x 25cm (5, £18.75).

CanvaTec Ltd. Tel: 01895 628400.

Fluoxetine from APS/Berk

APS/Berk has launched generic fluoxetine 20mg in packs of 30 capsules (basic NHS price £19.83).

APS/Berk. Tel: 0113 238 0099.

Mid-morning shakes

The article carried in last week's *Medical Matters* entitled 'Mid-morning shakes not food related' carried an error. The first sentence should have read 'Mid-morning episodes of dizziness and shakes by non-diabetics sufferers are not due to a sugar low but rather to stress and anxiety'.

Epilepsy under-reported by patients

People with epilepsy are reluctant to report their seizures to their GP for fear that it will affect their rights to drive and work, according to a study in this week's *British Medical Journal*.

A questionnaire was sent to 31 general practitioners and 122 of their patients in Norfolk to compare differences in the reporting of seizures. The authors found significant under-reporting of seizures to GPs, with around a sixth of patients reporting seizures in the past year which they had not revealed to their doctors. The anonymous reporting by patients in

this survey equates to an annual seizure rate of 53 per cent compared to the generally reported annual seizure rate of about 30 per cent.

The results also found that 24 of the 60 patients who reported a seizure in the past year held a driving licence, but only six had told their GP. The unemployment rate was also much higher among the patients surveyed compared to the national average (34 per cent vs 9 per cent) and anxiety, depression and stigmatisation were also higher in those with uncontrolled epilepsy, compared with the general population.

These factors may explain why people conceal seizures. However, the authors argue that such action deprives patients of appropriate treatment, hinders doctor-patient communication and leaves the problems of stigma unresolved. Doctors should make more effort to explain the consequences of concealment to their patients. The Government could also consider lowering the period that epileptic patients need to be seizure-free for in order to hold a driving licence.

The full paper can be found at www.bmjjournals.com.

cent drop in female mortality from breast cancer between 1989 and 1998.

Last week a Danish study in *The Lancet* condemned breast cancer screening by mammography as 'unjustifiable'. The DoH has dismissed the paper, saying it is not supported by any new evidence. It added: 'The data has already been considered by expert committees on breast screening who found significant beneficial effects from screening women for breast cancer.'

ime were the most widely prescribed drugs. Most bronchodilator drug prescriptions for children in hospital with asthma are off-label since they are backed by considerable research, although their efficacy in children under two is variable. Inhaled corticosteroids were being used widely in children under two, even though few studies exist on the risks in this age group.

The authors say that the licensing agencies must take a more pro-active role in getting drugs tested in children.

DoH looks to extend breast screening

The Department of Health is looking to extend the breast screening programme to women aged 65 to 69 years if the results of a current pilot study prove successful.

The NHS breast screening programme only targets women up to the age of 65. The trial currently being conducted at three pilot sites is looking at the feasibility and cost-effectiveness of

extending the programme to older women. Interim results are positive and the trial is expected to be complete later in the spring.

Around one million women are screened each year and in 1997-98 almost 8,000 cancer cases were picked up. Of those, almost a quarter were early stage cancers measuring less than 15mm. Recent figures show a 14 per

Off-label paediatric prescribing rife

Almost half of all drugs prescribed to children in hospitals in Europe are either unlicensed or off-label, says a study in the *British Medical Journal* this week.

Paediatric medical wards were investigated in five hospitals, one each in the UK, Sweden, Germany, Italy and the Netherlands. Drug treatment in hospitalised children aged four to 16 years was followed up for four consecutive weeks during 1998 to assess the extent of off-label and unlicensed use.

The results showed that over two-thirds of the 624 children admitted to the wards received drugs prescribed in an unlicensed or off-label manner. A total of 2,262 drugs were administered to the children, of which 1,036 (46 per cent) were either unlicensed (16%) or off-label (87%).

Paracetamol, salbutamol and cefurox-

Counterpoints

Warm to winter with Christy facemask

Network Health & Beauty is introducing a new facemask in its Christy range.

Christy Thermal Cleansing Complex Sunflower Sauna Facemask is formulated to absorb impurities and to energise the complexion. The product's warming agents help to open pores.

The mask contains kaolin to help

dissolve and draw out grime and excess oil, plus glycerin to soften the skin and rebalance moisture levels.

For maximum benefits, the product should be applied evenly to wet skin.

The product is packaged in a vibrant yellow and purple 15g sachet (rsp £0.99).

Network Health & Beauty.
Tel: 01252 533333.

Astral sponsors Oprah Winfrey TV show

Dendron is supporting its Astral moisturising cream with the brand's first ever TV sponsorship campaign.

Astral will be sponsoring the popular Oprah Winfrey show on Channel 5 until June. The Oprah Winfrey show is on air every weekday from 1pm-1.45pm.

The sponsorship comprises of a 15 second front credit, two five second break bumpers and a ten second end

credit. It features an animated illustration of the Astral lady against the Astral blue background.

The illustration will be accompanied by the brand's advertising slogan 'For the beauty you so richly deserve'. Joanna Lumley, who uses the brand, supplies the voice-over.

Dendron Ltd.
Tel: 01923 229251.

Cough, cold & flu FORECAST

Information updated weekly by SDI

With a genuine flu epidemic becoming a worrying possibility, the incidence of respiratory illness continues to rise - albeit in an erratic fashion - with the incidence index now at 69.4. Although this is lower than at the same time last year (see below), it is likely that last year's peak of illness will soon be passed. Cumulatively there has been a 17 per cent greater incidence of respiratory illness this year compared to last. The UK remains on 'alert' for the fifth consecutive week, with Glasgow (incidence index 78.2), Manchester (80.8) and Birmingham (71.4) being particularly badly hit. The risk of getting a cough or cold, based on current illness levels, is 'severe' in all areas. Contact your Warner Lambert representative for more information.



For a new profit opportunity...



...follow your nose

All eyes on Imodium Plus

Johnson & Johnson MSD is supporting its Imodium Plus anti-diarrhoeal brand with a TV advertising campaign starting on January 17.

The campaign features a new version of the brand's 'Eyes' commercial.

The commercial continues the brand strategy of positioning diarrhoea as an everyday occurrence that can be treated easily to allow people to get on with their lives.

The five-week campaign will be shown on satellite and terrestrial TV. **Johnson & Johnson MSD Consumer Pharmaceuticals.** Tel: 01494 450778.

Win the ultimate millennium bug

Mosi-guard International is running an on-pack millennium competition on its Mosi-guard Natural insect repellent products.

First prize in the contest is a new right-hand drive VW Beetle, with runner-up prizes of Compaq computers.

Customers will also be able to purchase a cuddly buzzing bug. **Mosi-Guard International Ltd.** Tel: 0113 238 7502.

Read all about psoriasis

Just published in the Family Doctor Series of health information books is a new title for psoriasis sufferers.

'Understanding Psoriasis' (rsp £2.49) explains the different treatments available for psoriasis.

Written by Dr Andrew Warin (a consultant dermatologist), the book is published in association with the British Medical Association.

Family Doctor Publications. Tel: 01295 276627.

Pharmacy offer for Huggies packs

Kimberly Clark is planning to introduce a new small pack promotion for its Huggies nappies in pharmacies and independent retailers.

Special £2.99 packs of Huggies will be available from January 31 (normal rsp is around £3.49).

The number of nappies in the small pack ranges from 20 mini to 14 junior. **Kimberly-Clark Ltd.** Tel: 01732 594000.

Rinstead Teething Gel has new look package

Schering-Plough has repackaged its Rinstead Teething Gel, which now comes in a larger 15g tube.

The new look is designed to give the product increased on-shelf visibility. The gel contains 0.5 per cent of lidocaine and is suitable for

infants and children aged three months and over.

Pharmacy support includes new PoS material and a counter top unit containing the complete Rinstead range. A new free leaflet called 'Teething made simple' is available to advise parents on how to make teething time as pain-free as possible. The leaflet can be displayed in a rack attached to the side of the counter top unit.

Retail price is £2.20 for 15g.

Schering-Plough Ltd.

Tel: 01707 363636.



Periproducts strengthens retail drive

Periproducts has appointed The Miles Group to support its oral hygiene brands including Retardex and Retardent.

The move is designed to help

strengthen the company's new sales drive to the national retail and wholesale chemist trade.

Periproducts Ltd.

Tel: 01895 625595.

ON TV NEXT WEEK

Askit: STV, C4 (Scot), C5 (Scot), GMTV (Scot)

Bassett's Soft & Chewy Vitamins: GMTV

Beechams: U

Benylin: All areas

Covonia: GMTV, C5

Gaviscon Advance liquid sachets: All areas except CTV, GMTV, TSW

Diflucan One: All areas

Imodium Plus: All areas except CTV

Just for Men: All areas

Lemsip Cold + Flu Max Strength: All areas except CTV, GMTV, TSW, plus C5

Lemsip Sore Throat anti-bacterial lozenge: All areas except CTV, GMTV, TSW, plus C5

Meltus: B, G, Y, C, M, CAR, TT, GMTV, Sat

Nicorette: All areas except GMTV, TSW, Sat

Night Nurse: All areas

Nizoral dandruff shampoo: All areas except GMTV

Oilatum: G, Y, CAR, TT, GMTV

Olbas: C5

Seabond Denture Fixatives: C, A, HTV, W

Sensodyne toothpaste: All areas

Strepsils Extra: ITV, C4, C5, Sat

Anglia, **B**order, **C**entral, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G**ranada, **GMTV** Breakfast Television, **GT**V Grampian, **HTV** Wales & West, **LWT** London Weekend, **M**eridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U**Ulster, **W**Westcountry, **Y**Yorkshire

NICOTINELL® FRUIT & MINT, 2mg &

All contain nicotine. **Presentations:**

chewing gum containing 2mg and nicotine, in fruit and mint flavours.

Indications: Treatment of nicotine dependence on aid to smoking cessation. **Dosage:**

Administration: Stop smoking completely when starting treatment. The 4mg

particularly suitable when severe withdrawal symptoms are experienced. One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces should be chewed up to a maximum of 25 pieces of 2mg per day or 15 pieces of 4mg gum per day.

3 months, the user should gradually decrease the number of pieces chewed. Avoid drinking for 15 minutes before chewing the gum.

Contra-indications: Non smokers, octogenarians, children under 18 years.

smoking, Nicotinell is contraindicated in acute myocardial infarction, unstable or

recent angina pectoris, severe arrhythmia, recent cerebrovascular accident, pregnancy, breast feeding. **Precautions:** Hyperthyroidism, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, failure, hyperthyroidism, diabetes mellitus, or hepatic impairment, peptic ulcer or

irritation. Keep out of the reach of children. **Side Effects:** Smoking cessation may cause withdrawal symptoms. Events which

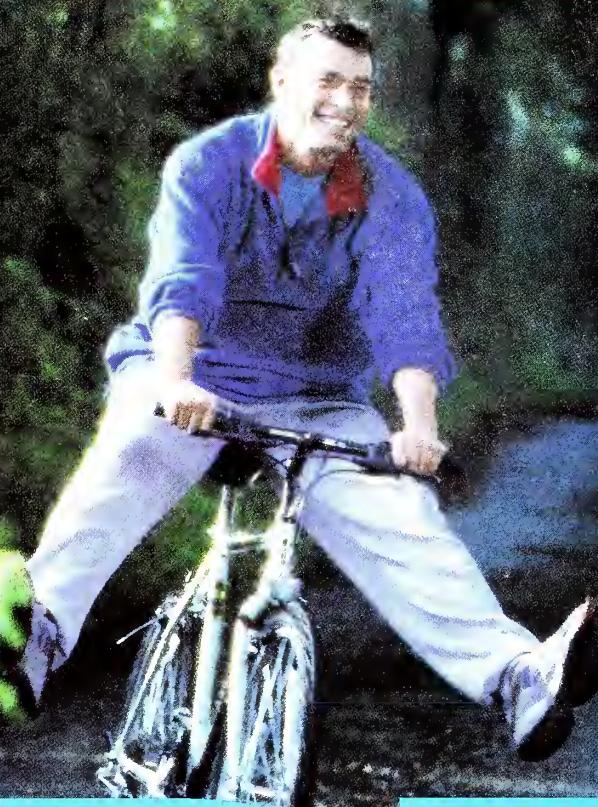
be related to smoking cessation include headache, sleep disturbances and gastrointestinal disturbances. May cause throat irritation, hiccuping, minor indigestion or headache.

Interactions: Smoking may increase metabolism of some medicines. The use of these medicines may require re-titration after smoking cessation. **Legal Category:** P

Price and Licence Nos: Nicotine 2mg (PL 0030/0110) and Nicotine

2mg (PL 0030/0112) in packs of 12, 24, 36, 48, 60, 72, 96, 144, 192, 240, 288, 336, 384, 432, 480, 528, 576, 624, 672, 720, 768, 816, 864, 912, 960, 1008, 1056, 1104, 1152, 1200, 1248, 1296, 1344, 1392, 1440, 1488, 1536, 1584, 1632, 1680, 1728, 1776, 1824, 1872, 1920, 1968, 2016, 2064, 2112, 2160, 2208, 2256, 2304, 2352, 2400, 2448, 2496, 2544, 2592, 2640, 2688, 2736, 2784, 2832, 2880, 2928, 2976, 3024, 3072, 3120, 3168, 3216, 3264, 3312, 3360, 3408, 3456, 3504, 3552, 3600, 3648, 3696, 3744, 3792, 3840, 3888, 3936, 3984, 4032, 4080, 4128, 4176, 4224, 4272, 4320, 4368, 4416, 4464, 4512, 4560, 4608, 4656, 4704, 4752, 4792, 4840, 4888, 4936, 4984, 5032, 5080, 5128, 5176, 5224, 5272, 5320, 5368, 5416, 5464, 5512, 5560, 5608, 5656, 5704, 5752, 5800, 5848, 5896, 5944, 5992, 6040, 6088, 6136, 6184, 6232, 6280, 6328, 6376, 6424, 6472, 6520, 6568, 6616, 6664, 6712, 6760, 6808, 6856, 6904, 6952, 6960, 7008, 7048, 7088, 7128, 7168, 7208, 7248, 7288, 7328, 7368, 7408, 7448, 7488, 7528, 7568, 7608, 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• Taste preferred by 7 out of 10 committed quitters.

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The
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Helps your customers set themselves free from smoking

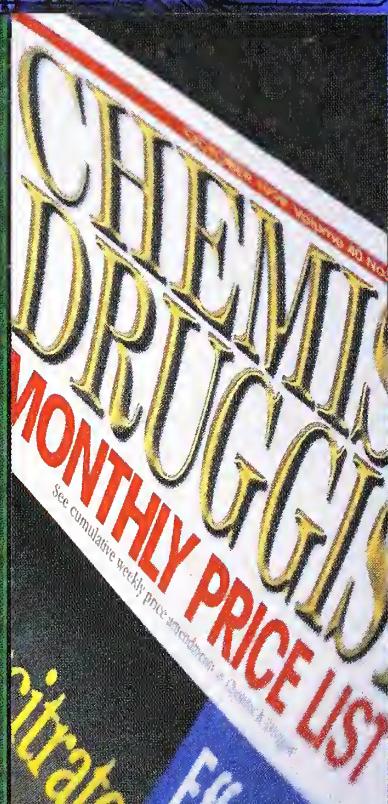
For further information contact
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-5461 232-4903 262-870
9 098-6273 033-6016 20
2-6521 221-0979 261-11
76 228-9379 084-8101 2
45-8486 227-2124 003-2
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8101 245-8486 227-2124
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- Want a complete electronic database with EAN codes for your EPOS system?
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James Hartley, research professor in the Department of Psychology at Keele University, casts a critical eye over the design of some pharmacy practice leaflets, and offers some tips

Practice made perfect?

As part of their NHS contract, all pharmacies are required to have a practice leaflet for their customers if they want to receive a professional allowance. Many use printed leaflets tailor-made for them by the National Pharmaceutical Association, but others design their own.

The NPA and the Royal Pharmaceutical Society of Great Britain both give guidance on the content of practice leaflets. This article looks at the choices that can be made in their page size, layout, type size and wording.

Page size

I wrote to over 30 local pharmacists to obtain copies of the leaflets that they were using. Nineteen of them replied, and I classified their page sizes as shown in box 1.

The top two page sizes were clearly the

most popular (and were both used by the NPA). The bottom two page sizes were used by others (including Boots and Tesco). Of the four page sizes, the top one accommodates the least amount of text, and the bottom one the most.

Layout

All 19 designs used a 'portrait' style of presentation (where the height is greater than the width) rather than a 'landscape' style. And they all used a single column of print per panel (except for some in the last two larger page sizes that used two columns per page).

In almost all of the designs good use was made of white space to separate out key items in the contents. However, sometimes the amount of space between the items was varied in order to make the text fit the page - which

is poor typographic practice.

All but two of the leaflets used 'unjustified text' (that is where the right-hand margin has a ragged edge). However, this use of unjustified text was marred typographically in most leaflets by the use of centred headings on the front page.

Typography

Eighteen of the 19 leaflets were professionally printed - and this includes those that were designed independently. Only one was a poor quality Xeroxed copy in black and white of an earlier coloured leaflet printed by the NPA, with one new section inserted in manual typescript.

The leaflets were printed in a variety of colours. Most used black text on a pale coloured background - pale green, blue, yellow, grey or

Box 1: Choice of page size in 19 practice leaflets

[Note: most pharmacists use the standard (A4) page size - the page size of *Chemist and Druggist* - but cut or folded in different ways]

No % Page arrangement

- 8 42 A third of A4, with text on the back and front
- 7 37 A4 page folded in three, in a concertina-manner, to give three panels for the text on the front of the sheet and three on the back
- 1 5 A4 page folded in three, as above, to give three panels for the text on the front of the sheet, with the back blank
- 2 11 A4 page folded in half, to give two panels for the text on the front of the sheet and two on the back
- 5 A larger page size folded in a concertina to give four text panels (or pictures) on the front and four on the back

RESCRIPTIONS
We have a comprehensive range of medicines available to dispense both NHS and private prescriptions. Even those medicines that are not immediately available can usually be obtained the same day. When we dispense your prescription we automatically add to the label any cautions or warnings that may be appropriate to that medication, for instance driving and drowsiness and so on.

YOUR MEDICATION RECORD
When we dispense a prescription for you, we keep a full record of the medicines dispensed. When you next bring a record to this pharmacy, we can check against these records, to make sure that the treatment is compatible with other medication that you may still be taking. We will be happy to show you and discuss with you your medication record, at any time.

MEDICINE CONTAINERS
We use 'Child Resistant' containers for all tablets and capsules, unless you tell us not to. Please be aware that all MEDICINE SHOULD BE KEPT OUT OF CHILDREN'S SIGHT AND REACH and that Child Resistant closures are not totally child proof. Some elderly or disabled people may find these containers difficult to open, so if you want ordinary containers, please speak to the pharmacist, when you hand your prescription in.

EMERGENCY SUPPLIES
Under special circumstances, we are able to make an emergency supply of a Prescription Only Medicine. This is intended for genuine emergencies only, when it is impossible to get to a doctor. The full cost of dispensing the medicine is payable as this service is not subsidised by the NHS.

NUMARK

URGENT PRESCRIPTIONS
If you have an urgent prescription that needs to be dispensed outside our normal hours, and which has been marked urgent by your doctor, then please contact the police and they will arrange for a pharmacist to be called out.

UNWANTED MEDICINES
It is important not to stockpile or hoard unused medicine at home, it can be dangerous. Please return all unused medicines to the pharmacy, where they can be safely destroyed.

MEDICINE SALES
Our Pharmacist will be pleased to give you advice on treating minor illnesses or family healthcare problems. We have a semi-private area in the pharmacy where you can speak to the pharmacist in confidence. As well as our wide range of proprietary products, we have a range of own brand medicines together with products that we can make up specially for you.

HEALTHCARE ADVICE LEAFLETS
We have a wide variety of free leaflets available on many aspects of family healthcare. If you require any further information on the subjects covered, our Pharmacist will be pleased to discuss these with you.

FIRST AID SUPPLIES
We can supply first aid kits for both home and business use that will comply with appropriate Health and Safety requirements. We also sell individual items to re-stock existing first aid kits.

INDUSTRIAL MEDICAL SUPPLIES
We can supply first aid and medical goods in factories and shops throughout the area.

RESIDENTIAL AND NURSING HOMES
We can deliver dispensed medicines to residential and nursing homes in the area. We can also provide help and advice on the use, storage and disposal of dispensed medicines.

INCONTINENCE SUPPLIES
We can provide a full range of helpful items such as pads, pants, mattress covers etc. and will be pleased to advise you in complete confidence on the items most applicable to your needs.

DISABLED LIVING
We can provide a comprehensive range of aids for the disabled and elderly. A comprehensive catalogue of products is available for you to browse through at home. Again we will be happy to advise on the items most applicable to your needs.

COMPLAINTS
We aim to provide a high standard of service and care. However if you are unhappy with the services or products supplied to you, please discuss the matter with the pharmacist in charge, or the owner. If this fails to satisfy your complaint then, in the case of an NHS matter, you should contact your Family Health Service Authority (England and Wales) or Health Board (Scotland), the address of which is in the phone book. Where the complaint refers to other services or products, contact the local Trading Standards Office.

beige - but a Tesco leaflet provided an example of where dark print on dark paper can cause reading difficulties.

About half of the leaflets had some text printed over the illustrations. This again makes text harder to read.

All 11 of the larger leaflets contained text with sub-headings. Normally these were printed in lower-case letters, usually in bold, but sometimes in italic. However, six of them also used capital letters for the sub-headings and, in two cases, these were also underlined.

Generally speaking the best rule here is to use one clear typographic cue - such as bold lettering - and not to

Continued on P18 →

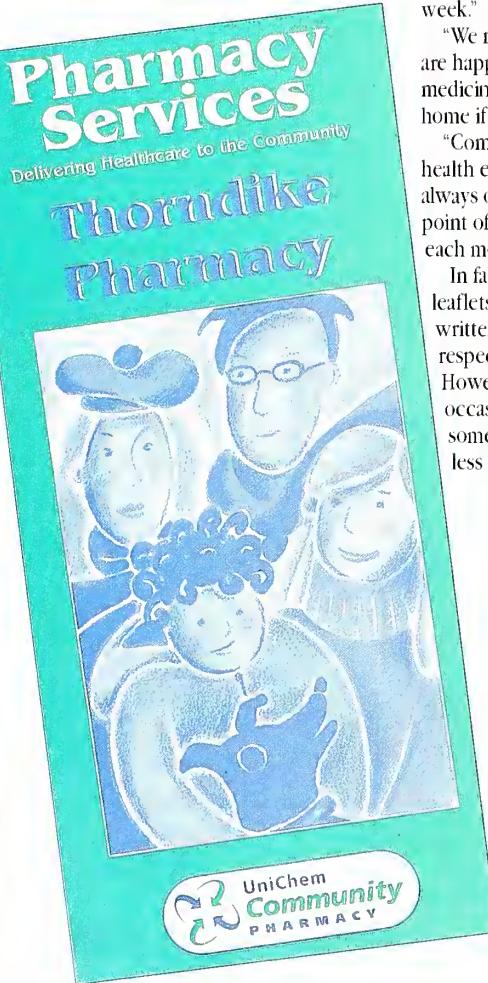
→Continued from P17

overdo this by using additional cues, such as capitals and underlining.

A consumer view

To my (admittedly elderly) perception, 90 per cent of the leaflets used a type-size that was too small. This makes them difficult to read, especially by older or visually-impaired readers. Many had text printed in 8 and 10 point (This is 8 point. This is 10 point).

The Royal National Institute for the Blind recommends a type-size of at least 12 point for



leaflets of this kind (This is 12 point). This type size can be read by the majority of readers, even those who are visually impaired.

Only one leaflet (privately designed) achieved this standard. Increasing the type-size, of course, increases the length of the text, and this could lead to the demise of smaller leaflets. This is an issue of cost-effectiveness.

Wording

The language of practice leaflets needs to be simple and friendly. Leaflets that came out best - in my view - used phrases like:

"I give a late evening 'Rota' service

Box 2: Recommendations

- Determine an appropriate page size, which should be governed by the amount of information you wish to include. The six-panel concertina-like style seems the most flexible, and takes up the least display space.
- Use a left-angling style throughout, with unjustified text - to avoid any inconsistency in typographic style between centred and left-angling text.
- Set headings from the left-hand margin. Indent the text below. Use a standard amount of space above the headings.
- Use 12-point type-size for the body of the text, and perhaps 14-point for the headings.
- Print headings in lower-case bold letters. Avoid capital letters, italics and underlining.
- Use block print on a pale-coloured background for the text. Do not print text over pictures.
- Use simple friendly language, written in short sentences.
- Make sure the opening hours are clearly displayed.

on Mondays and Thursdays each week."

"We run a free delivery service and are happy to arrange for your medicines to be delivered to your home if you are housebound."

"Come in and help yourself to our health education leaflets. They are always on display. Do make a special point of looking out for new ones each month."

In fact, most leaflets were well written in this respect.

However, on occasions, some were less friendly:

language is generally clear, some of the sentences might be considered too long, eg:

"Many of the medicines we dispense for you are supplied in the manufacturer's original pack



complete with a leaflet containing information about the medicine, which is required by law."

For most customers probably the most important piece of information in the leaflet is the hours of opening. This was contained on the front or back page of all of the leaflets in my sample, except one.

Nonetheless, improvements could be made here. In many of the smaller NPA leaflets the opening hours were presented in small type printed over an illustration (a same-sized Safeway

"Emergency dispensing at night, on Sundays and public holidays please contact the local police." (But no phone number was provided.)

The NPA uses standard text for many sections in its leaflets. While the

leaflet was much clearer in this respect).

The Co-op Health Care leaflets also did well in this respect but, because they used a balanced centred design for displaying the opening hours, the space between the columns was too wide.

Other important pieces of information are the facilities offered by the particular pharmacy. On the smaller leaflets this was often presented in a boxed list.

Sometimes these facilities were listed in capital letters, balanced around a central axis. In other cases there was a 'bulleted' list, with each item starting from the left-hand margin. Because all of the

items in the list start from the same point this latter method is more readable.

In conclusion

Most of the practice leaflets that I saw looked attractive and were professionally printed. Nonetheless they all could be improved. Type sizes need to be larger, and the wording more carefully examined. Box 2 makes some suggestions.

Few pharmacists working alone can produce the professional appearance of the NPA leaflets, but private leaflets can score better on friendliness and accessibility.

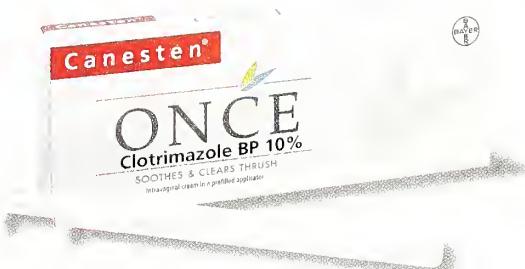
Some of the leaflets that I saw had been altered by hand as changes had come about (in facilities or opening hours). This made them look less than satisfactory. Re-ordering revised leaflets may seem expensive but up-to-date leaflets convey a more professional approach.

When women simply prefer cream.



Canesten Once delivers efficacy with a single cream application.

With its easy-to-use applicator, Once gets to work **internally** at the site of infection to clear thrush quickly. Most women with thrush prefer a cream treatment,¹ so recommend one that also delivers the efficacy they expect from a single dose – Canesten Once.



Clotrimazole BP 10%

What can clear thrush fast? **Canesten can.**

Product information: Canesten[®] Once contains clotrimazole 10% w/w. **Indications:** Treatment of candidal vaginitis. **Dosage and Administration Adults:** Insert the contents of the filled applicator (5g) intravaginally. **Children:** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following are applicable: more than two infections of candidal vaginitis in the last six months; previous history of or exposure to partner with a sexually transmitted disease; pregnancy or suspected pregnancy, aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. This product may damage latex contraceptives therefore patients should use alternative precautions for at least five days after using the cream. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. Take extra care when using the applicator to prevent the possibility of mechanical trauma. **Cost:** £7.49. **MA Number:** PL 0010/0136. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** P. **Date of Preparation:** December 1999. **Reference:** 1. Data on file, U&A Study October 1997.

David Reissner, a partner at Charles Russell Solicitors, looks at the current legal framework

Pharmacy on the Net: is it legal?

The arrival of internet pharmacy in the UK should not have taken anyone by surprise. As we read of new e-commerce opportunities every day, perhaps the only surprise is that no one has tried to start up one sooner.

Some would argue that pharmacy on the internet is unlawful and some may raise ethical objections. Others will argue that internet pharmacy is quite legal and that it is more appropriate for 'Pharmacy in a New Age' to be associated with the worldwide web rather than the cobwebs of history.

This article will look at the legal issues, not ethical and political ones. It is assumed that an 'internet pharmacy' involves advertising the availability of medicines on a web site and the receipt by a pharmacist of orders either by e-mail, telephone or by post.

In response, medicines are sent by post or courier to the customer or patient. It is immediately apparent that internet pharmacy is no different in principle to mail order pharmacy, yet mail order pharmacy has not taken off in the UK.

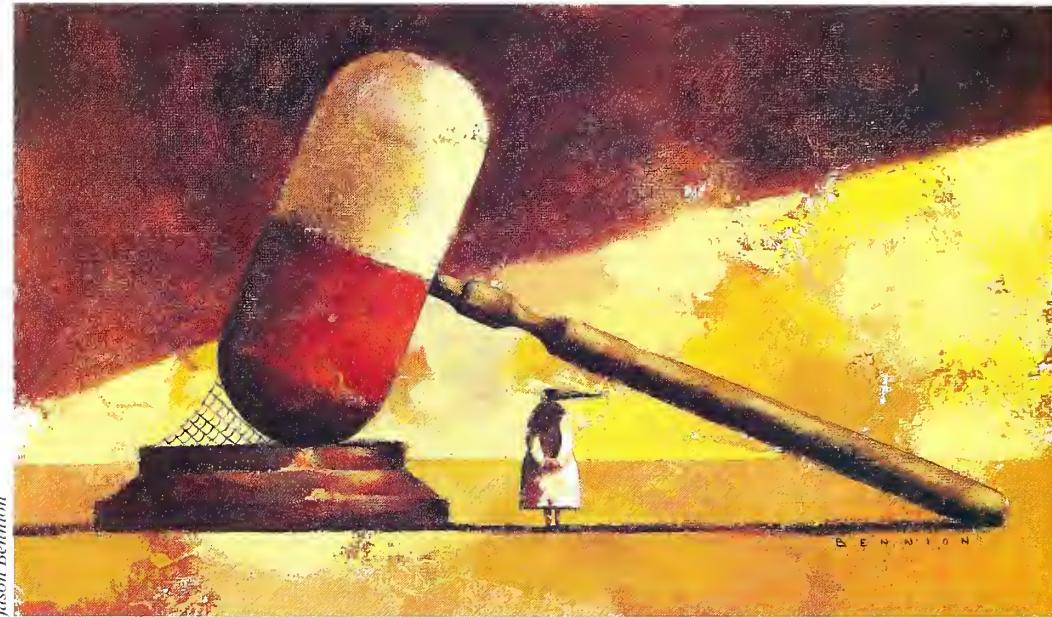
Ease of use of the internet and access to it, perhaps as well as the perceived glamour of the internet and the interest surrounding it, has opened a Pandora's box of legal issues, some of which could not have been anticipated when current medicines legislation was drafted.

There are three main legal issues that arise: advertising, the location of supply and supervision.

Advertising

The word 'advertisement' is defined very widely in the Medicines Act 1968, so that although the internet had not been developed fully 30 years ago and is therefore not specifically mentioned, the definition is wide enough to cover internet advertising.

The Medicines (Advertising) Regulations 1994 make it an offence to issue an advertisement that is likely to lead to the use of a Prescription Only Medicine for human use. This prohibition does not ban the advertisement of Pharmacy or General Sales List medicines, both of which can be sold or supplied over the counter - although the expression 'over the counter' may be obsolete if medicines can be supplied to someone not physically present on pharmacy premises.



The availability of GSL or P medicines can be advertised, but the advertisement of products by name is subject to strict limitations.

Premises

Section 52 of the Medicines Act makes it an offence to sell or supply a medicine other than a GSL medicine unless three conditions are met. The first is that the medicine is sold or supplied in the course of a retail pharmacy business. The second is that 'the product is sold or supplied on premises which are a registered pharmacy'.

This throws up the Clinton-esque consideration: it all depends on what you mean by 'on'. Are medicines sent by post to a patient supplied on pharmacy premises, or merely from pharmacy premises?

Following a Court of Appeal decision that it is lawful for dispensing doctors to delegate the supply of medicines to unqualified staff, we know that supply is a mechanical process: it involves just the physical handing over of a medicine.

If a pharmacist or a member of staff or a courier to whom the medicine is handed is the patient's agent, there is no reason why the supply cannot take place on registered pharmacy premises.

What internet and mail order pharmacies throw into sharp relief is the legality of delivery. If it is unlawful to supply medicines by post because the supply is not made on pharmacy premises, every time a pharmacist

arranges the supply of prescribed medicines to a housebound patient or to patients in a home, a criminal offence is committed. To adopt a description used by the Court of Appeal, many would feel that stigmatising home delivery as criminal is absurd.

Supervision

The third condition in section 52 of the Medicines Act, which enables medicines to be sold lawfully from pharmacy premises, is that the supply must be made by or under the supervision of a pharmacist.

If a pharmacist makes the supply in person, this condition is easily satisfied. Where supervision is required, the case law is based on the shopping habits of an earlier age.

In the 1943 case of *Roberts vs Littlewoods Mail Order Stores*, the Lord Chief Justice, Lord Caldecote, said that a pharmacist must be physically present on the premises in order to supervise.

The pharmacist 'must be aware of what is going on at the counter, and in a position to supervise...the activities of the [unqualified assistant] by whom each individual sale is effected'.

In the case of self-service premises, which were beginning to change shopping habits in 1953, the Court of Appeal said in *Pharmaceutical Society vs Boots Cash Chemists (Southern)* that a supply is supervised if the pharmacist is in a position to intervene and prevent a supply before a sale is concluded.

How does a pharmacist decide whether it is appropriate to supply a medicine which is to be sent by post?

The pharmacist has no opportunity to make a visual assessment of the patient, although not all patients go to a pharmacy in person to obtain their medicines. If a patient's representative goes to a pharmacy, the pharmacist at least has the opportunity to ask relevant questions in person, but the interactive nature of the internet means questions can be asked by e-mail.

If prescriptions are received from patients who are not local, the internet pharmacist is less likely to have patient medication records and would be unfamiliar with the prescribing habits of distant prescribers, but the telephone will still be available for making checks.

Legally, it is the supply that must be supervised. Just because the medicine is to be delivered to a patient, the pharmacist should still be able to exercise sufficient supervision to satisfy legal requirements.

Will the net close in?

The Medicines Control Agency is currently prosecuting a pharmacist for supplying medicines by mail order. Any ruling in that case may also affect an internet pharmacy.

It remains to be seen whether the MCA or the RPSGB will decide to bring a test case over internet pharmacy. Either decision will have far-reaching implications for all community pharmacists and their patients.

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Rosemary Thomas, an independent pharmacist in Burghfield, was one of the first to take part in a Pharmacy Alliance medicines management pilot. She describes her experience to **Adrienne de Mont**

Individual insight into asthma management

If patients don't want to be helped, there is nothing much you can do, as Rosemary Thomas discovered when she tried to set up an asthma improvement programme in her pharmacy.

The hardest part of the programme, run by Pharmacy Alliance, was recruiting the ten patients needed. "At first I felt I wasn't getting anywhere," she says. "Several patients I thought would benefit were not interested. They were quite happy to carry on over-using their relievers and were not prepared to commit themselves to preventive therapy, even when the benefits were thoroughly explained to them."

"It's surprising how many people live for the short-term, rather than long-term, outcomes. I suppose their whole lifestyle is a bit like that. Men - particularly young ones - seem to have a much more cavalier attitude than women in this respect!"

But the five patients who completed the study were pleased with their improvement. She helped at least 30 others, although they did not enrol on the programme and their progress was not formally recorded. One woman felt so much better that she took her daughter, another asthma sufferer, back to the doctor for similar treatment.

Before starting the study, Rosemary had to attend a Pharmacy Alliance training evening, which covered the British Guidelines on Asthma Management and the recommended procedures for intervention and referral to a GP. She was impressed with the quality of the training and the materials provided, and left feeling confident she could deliver a valuable service to her patients.

The next step was to discuss the programme with the GPs at the adjacent health centre - a husband and wife team who were both supportive. She recruited patients

herself, identifying them when they came in with prescriptions or complained of asthma symptoms. Children were excluded from the study.

If patients had less than optimal control, she checked first that they were using their inhalers correctly and then made recommendations to the GP for changes in therapy. If patients needed a reliever more than once a day, she recommended a preventer inhaler.

For those using both preventers and relievers, she referred them for step-up therapy in line with the BGAM advice. She recorded every intervention and measured any improvement with the help of the patients' symptom diary.

"The time and costs required to run a research project are often too daunting for independents"

Continued on P24 →

Profile

Rosemary Thomas registered as a pharmacist in 1969 then, after two years working in Zambia, did locums and part-time managerial work before buying her own pharmacy in Tilehurst, near Reading, in 1983. In 1992 she caused some controversy when she applied to open her present pharmacy in the village of Burghfield, then served by dispensing doctors. Burghfield Pharmacy is part of a health centre complex with two GPs and a dentist. She runs a prescription collection and delivery service and offers cholesterol, blood pressure and allergy testing. She is a member of UniChem's South and West Pharmacy Consultative Board.



Managing

Before starting the study, Rosemary Thomas attended a Pharmacy Alliance training evening which covered the British Guidelines on Asthma Management

→Continued from P23

The fact that Pharmacy Alliance provided the paperwork and analysed the results was an enormous help.

"The time and costs required to run a research project are often too daunting for independents," she says. Another bonus was that Pharmacy Alliance negotiated support from a pharmaceutical company, Glaxo Wellcome, for the pharmacists taking part. But, looking back, she thinks that £10 paid for each completed intervention form was low considering the time involved.

Although she had always counselled asthma patients and checked their inhaler technique, she was surprised how long it took to recruit them into the study, explain what was happening, fill in forms and talk to the GPs.

"To discover the outcome of any treatment changes, I had to watch out for patients coming back into the pharmacy, which was quite difficult," she says. "Sometimes I spotted someone but had no opportunity to speak to them as I couldn't keep others waiting."

An appointment system would not have helped because she can never guarantee a quiet period at any time of day and cannot support a second pharmacist.

"Part of the advantage of pharmacists taking on these roles is that patients don't need appointments. If they had to make an appointment to see the GP and then us, it might remove the appeal."

"We are told that time management is important, but in practice it's not so simple. Most of us find we are not in control of the flow of patients or work. We must respond effectively to everyone, as and when required. So-called time management can very quickly go out of the window."

"One aim of the project was to find out if it is worthwhile for pharmacists to carry out this type of work. If we were paid to do it on a long-term basis, there probably wouldn't be as much paperwork as in the pilot but we would still have to prove the benefits of what we were doing, with possibly a simpler system of reporting back. However, unless pharmacists are prepared to get involved in the early stages of these schemes, we won't get anywhere."

Part of the advantage of pharmacists taking on these roles is that patients don't need appointments"

"Those patients who went through to the end of the study were absolutely delighted with the outcome. All had changes to their medication. The doctors and the practice nurse were happy with the interventions and never thought we were interfering."

One of the most striking cases was a woman who had breathing

difficulties when walking uphill and was waking in the night a couple of times a week. She was using Ventolin twice daily and a preventer. After checking her inhaler technique, Rosemary recommended increasing her preventer which produced the desired effect. The woman was so

pleased she took her asthmatic daughter to the doctor for the same treatment.

Rosemary's next project with Pharmacy Alliance will cover Parkinson's disease. She has already been involved in a preliminary survey of patients and GPs, to establish protocols and to find out what is needed. The aim is to discuss patients' medication with them and refer them to a GP if there are problems.

First results

Pharmacy Alliance, the network of over 540 community pharmacies set up by UniChem to deliver medicines management services, announced some interim results from the asthma programme last June based on about 100 patients (C&D June 19, 1999, p8).

The programme was strongly supported by GPs (87 per cent) and the pharmacists' recommendations for treatment changes were almost universally accepted (90 per cent). Nearly half the patients (44 per cent) had poor inhaler technique, of whom two-thirds improved after training by the pharmacist. One-third required a change in inhaler device. Overall, 64 per cent of patients needed referral.

All patients responding said the pharmacist's input had helped improve their asthma symptoms. Pharmacists are still being recruited for the study, which aims to cover 1,000 patients, monitored through 100 pharmacies. The final results are expected towards the end of the year.

An angina pilot is well underway and one for migraine has just started. Pharmacy Alliance is looking at the possibility of making interventions intranet-based, to reduce the paperwork.

Pharmacy Alliance is running other medicines management pilots in conjunction with pharmaceutical companies, but Rosemary believes individual pharmacists can be involved only in a limited number.

"Inevitably there are teething problems that have to be sorted out. It's also better to have several pharmacists involved across the country, to build up a pattern for what might happen in the future. Everyone should have a chance to participate - we can't have a small group collaring the market."

For the future, she hopes these projects will prove that pharmacists

have a useful role in medicines management and that GPs will feel happier about pharmacist involvement.

"It would be good if the GPs actively involved us from the start, rather than us having to approach them. It's also important that patients realise it's a team effort between the GP, the pharmacist and them - that we are working for the patient's benefit, but they have to take some responsibility as well."

"Another important aspect is to improve the public's perception of the pharmacist. We know we're professional, but we're not always perceived as such by others."



Rosemary Thomas' next project with Pharmacy Alliance will cover Parkinson's disease



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Martin Wood, of market analyst Information Resources, offers an independent view of the impact that the potential abolition of RPM could have on the retail scene and on the sale of different types of medicines

Will abolition mean competition?

Retail price maintenance (RPM) on medicines is a hot topic not just in the pages of the trade press, but also in the major consumer media of TV, radio and the daily national press.

Its potential abolition is an important tool for the big grocery multiple retailers in their drive to be seen as advocates for consumer choice.

At the same time, RPM is seen as a key factor affecting the distribution of medicines and the future of the independent pharmacy sector on the High Street and in communities. In itself, this is important in determining consumer choice.

Information Resources' data on the number of independent pharmacies

in Great Britain shows a decline from over 9,000 in the early 1990s to less than 8,000 today.

This is a strong enough decline, but compared with other local specialist shops, the neighbourhood independent pharmacy sector is still relatively strong.

As entry into NHS contract is controlled, there has been a practical constraint on the ability of the grocery multiples to diversify into pharmacy. Nevertheless, grocery in-store pharmacies have increased in number, as the chart (right) shows.

As for sales, some clear trends are evident. There is a general shift from pharmacy to grocery (including grocery in-store pharmacies) which now account for one-third of OTC sales. Sales of OTC medicines in



Percentage of grocery multiples with in-store pharmacies

grocery are growing at over 12 per cent while sales in pharmacies are growing at 4.5 per cent.

The proportion sold through grocery will vary from category to category. There is also a shift in sales from P products, up 5 per cent, to GSL products, up 8 per cent. Since sales of many P products are growing as a result of recent POM to P switches, the drift from P to GSL is actually greater.

The shift to self-medication has been fuelled by an increased public awareness of drugs and medicines, which has in itself been encouraged by Government policy and financial and other pressures on the NHS.

There may be many benefits to the taxpayer, the doctor, the patient and, indeed, the pharmacist in this trend. It is clear that once the consumer is empowered to make the decision for him or herself, then some aspects of marketing OTC brands, such as doctor's recommendation, are likely to recede in importance.

If price controls are relaxed, Information Resources believes there will be an immediately observable impact - both on general everyday price levels, and on temporary prices, if promotional pricing is permitted.

We would expect there to be a noticeable permanent price gap between the smaller, independent pharmacist and the large supermarket and, in particular, the discounter.

From our experience in markets

where RPM does not apply (like the US), the categories which will be most severely affected will be those which have least reliance on the doctor's/pharmacist's recommendation.

These are the same categories (ie oral analgesics, winter remedies, vitamins and minerals, indigestion remedies) which have a greater proportion of GSL sales. These categories are already relatively stronger sellers in grocery and are heavily backed by advertising.

We would expect to see a diversion of funds into supporting sales below-the-line in-store with price promotions (if permitted), displays and offers. However, there will still be a big demand for the added value service that a pharmacy can offer, including the range of drugs, advice and personal service.

The battle lines are already drawn between those in favour of retaining RPM and those advocating its abolition. However, there are other factors affecting the sales and marketing of OTC medicines, which may have equal or greater impact.

The system of controlled distribution of pharmacies, the emergence of the internet as a trading channel and changes to product licensing arrangements are but three.

What is certain is that price deregulation could make the selling of OTC products more competitive for the whole distribution chain.

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IN BRIEF

API changes name

The Association of Pharmaceutical Importers, which represents most parallel importers in the UK, has changed its name to the British Association of European Pharmaceutical Distributors.

Tillomed has moved

Tillomed Laboratories has relocated to a new office and distribution complex: Tillomed Laboratories Ltd, 3 Howard Road, Eaton Socon, St Neots, Cambs PE19 3ET, tel: 01480 402400.

Henkel renamed

Henkel Nutrition and Health Group, which supplies natural source vitamin E and carotenoid products, has changed its name to Cognis Nutrition & Health. Dr Manfred Dunker, who has been head of the group for nearly 20 years, has retired, although he will still work for Cognis as a strategic technical adviser.

M&S Toiletries on the move

Edinburgh-based M&S Toiletries will be relocating to a larger site in Livingston, West Lothian in February.

The company, formerly part of AAH Pharmaceuticals until it was sold to a management buy out team last year, will double its Scottish storage capacity to 170,000ft² through the move.

It is also currently constructing a 110,000ft² distribution centre near Wakefield, West Yorkshire, which will replace its Leeds-based depot. The new site is due to be completed this summer.

M&S said both moves will create 100 new jobs for drivers, warehouse and office staff. Its established 280 workforce has been asked to relocate with the company. Bill Barclay, M&S' md, said the company needed extra space because it has been growing by up to 20 per cent a year.

Lloydspharmacy rejects on-line pharmacy services

Michael Ward, chief executive of Gehe UK - the parent company of Lloydspharmacy and AAH Pharmaceuticals - has ruled out a move into on-line pharmacy services.

"We don't want to and will not compete with on-line pharmacies because that would be in direct competition with independent pharmacy," he said. Lloydspharmacy's role, he added, is to complement pharmacy.

The pharmacy process "should be a face-to-face consultation with customers that adds value. It's not just about pushing out drugs."

Mr Ward has been running Lloydspharmacy since its managing director, Michael Major, resigned last April. He said he was in no rush to appoint a successor because the chain was doing well and he was enjoying his experience.

Moss Pharmacy, meanwhile, is currently reviewing the pros and cons of providing on-line pharmacy services, although it stresses it has not yet made up its mind either way.

Barry Andrews, Moss Pharmacy's managing director, said the company was analysing the US on-line pharmacy market to see if the chain could find a system that would benefit all of pharmacy. "We don't seek to undermine the

traditional pattern of pharmacy - the bricks and mortar set-up - but we're conscious of what the customer demands. It's a balance of meeting customers' needs without adversely affecting the work we're doing at the moment," he said.

The chain, he added, is consulting many people, including UniChem.

If Moss invested in on-line pharmacy, he said, it would be an added service for its established pharmacies - not a separate business. The chain plans to announce its decision within a few months.

Boots the Chemists is the only major pharmacy chain with an on-line shopping service: 'Online store', which offers health and beauty and mother and baby lines (C&D January 8, p24). Smaller pharmacy businesses, however, are increasingly becoming involved. UK web sites committed to offering pharmacy services include www.chemistore.com, www.aisworbis.com, www.alldrug.com, www.allcures.com, and www.pharmacy2U.com.

Gehe UK has sold its 115 Supersave Drugstores to Savers Health & Beauty for an undisclosed amount.

Savers is a Darlington-based company that currently runs 59 stores specialising in discounted health and

beauty products. The company plans to treble its stores by the end of this year - it has virtually done that through this acquisition, which also extends its operation to the Midlands, Wales and Bristol.

Savers will keep Supersave's staff and area managers. The group will rebrand about four stores a week.

Michael Ward, Gehe UK's chief executive, said the group had sold the outlets to focus on its core Lloydspharmacy business. Gehe, he added, "has invested considerable time and effort in Supersave over the past two years, and this has improved the business performance of the stores".

Gehe will invest the money raised from the sale into Lloydspharmacy, which has already acquired four pharmacies this year.

"I would like to thank the staff in the Supersave business who have worked hard to make this successful, and give them my best wishes for the future," he said.

Gehe has divested a number of 'non-core' businesses since it acquired Lloydspharmacy. In 1997 it sold Dales Pharmaceuticals to a management buy out team and Holland & Barrett to US-based VMS specialist NBTY. Others were sold a year later.

Lincoln wholesaler acquires three pharmacies

A Lincoln-based pharmaceutical wholesaler has acquired a chain of three pharmacies to stop them falling into multiples' hands.

F Maltby & Sons acquired Milnes & Lister, whose pharmacies are in the Scarborough area, for an undisclosed sum. The wholesaler is a family-run operation that has had a long working relationship with the chain.

Following the acquisition the chain

was renamed F Maltby. David Maltby, a director of the wholesaler, said it was keeping its options open about future plans for the pharmacies, which have retained their staff.

He would not rule out acquiring other independent pharmacies, nor setting up on-line pharmacy services. But Maltby's immediate priority is to relocate its headquarters to another larger site in Lincoln.

The wholesaler is not the first to 'rescue' independent pharmacies - Mawdsley-Brooks bought its first pharmacy in January last year and may sell it this year.

Maltby was set up by Mr Maltby's grandfather and it services pharmacies in the Lincolnshire region - its annual turnover is around £25 million. David Maltby's brother, Anthony, is its managing director.

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"In light of guidance from the MCA, the Royal Pharmaceutical Society advises that a pharmacist receiving a prescription for a product that was available both as licensed and unlicensed medicinal product should dispense the licensed product in preference to the unlicensed product."

UniChem is sponsoring a scheme designed to give independent pharmacists tax-breaks by allowing them to become shareholders in other pharmacies.

Its plan is governed by the rules of the Government's Enterprise Investment Scheme (EIS), which offers tax incentives to people who invest in EIS companies. UniChem's version invites pharmacists to invest in a series of companies, each of which would use the funds to acquire and run as many as ten pharmacies. These outlets could be scattered around the country.

Pharmacists can buy stakes in one or more companies - the amount of money they invest will depend on what tax breaks they want. And the number of companies set up will depend on how many investors UniChem attracts.

No investor is allowed to own more than a 30 per cent stake in a company. And investors have to keep their stakes for at least five years.

Each company of pharmacies will be controlled by a board of directors, some of whom will be non-executive. The day-to-day operation will be run by a team of specialist managers with group pharmacy experience. This team could potentially be resourced from Moss Pharmacy.

EIS rules limit the number of investors who can be directors from the outset. However, they could become directors at a later stage.

John Jaquiss, UniChem's controller commercial support, and possibly another UniChem executive, will also be on the board of each company.

UniChem will draw on Moss Pharmacy's experience to improve those pharmacies the companies acquire, for example, through better in-store merchandising. It will also monitor the companies' performances.

Any profits the pharmacies make will be ploughed back to help them grow, and they will also benefit from

UniChem in pharmacy investment scheme

economies of scale. UniChem's aim is to increase the pharmacies' value so that investors will get excellent returns if, after the minimum five-year period, they decide to sell their shares.

Alternatively, where a company is floated, its investors could opt to keep their shares. Market forces will determine which 'exit route' will achieve the best long-term return on the investment, according to UniChem.

"Provided your investment is within the limits agreed for EIS, you won't pay capital gains tax when you realise your money," said Mr Jaquiss.

Investors can also claim back income tax and do not have to pay tax on the growth of their investment.

Each company's pharmacy chain will have a trading name, which has not yet been finalised. Mr Jaquiss said: "The idea is to establish a branding because that works in the market place."

UniChem will also acquire a minority stake in the companies - the exact size has not yet been determined, but the wholesaler is not allowed under EIS rules to become a major stakeholder.

Mr Jaquiss said the idea would be an attractive option for pharmacists who had recently sold their businesses - they could defer their capital gains liability by investing in the companies.

Other potential investors could be pharmacists whose business turnover exceeds £350,000, and who want to sell their businesses to take advantage of retirement relief (the Government is phasing out retirement relief by April 6, 2003, and will make the second reduction on March 31). These pharmacists could sell their pharmacies to the scheme's companies and remain employees of the businesses.

However, the ex-owners would only get tax benefits if they invested in one of the sister companies.

"It's a higher risk than buying listed stocks and shares," said Mr Jaquiss. "But the pharmacist has the comfort of investing in a business he [or she] understands."

The companies' board of directors will handle the sale of their pharmacies. "It would be in UniChem's interest to make sure whoever bought the company/pharmacy would be a UniChem customer. And we'd encourage potential bids to come from UniChem customers," said Mr Jaquiss.

But any other pharmacists could potentially acquire the scheme's pharmacies.

UniChem will shortly be distributing leaflets explaining the scheme to all its customers, and to pharmacists who have owned pharmacies. The leaflets will also be available to pharmacists who are not UniChem's customers.

Non-UniChem customers who want more information should contact the wholesaler's commercial support department on: 020 8391 7110/7107/9601/2323.

UniChem has acquired exclusive UK licence rights to Mediphase Highway software from IMS Health, for an undisclosed sum. The software deals with patient medications records.



John Jaquiss: on the board

and includes interfaces with Positive Solution's Epos software, and IMS' intranet Intra-Pharm.

UniChem will integrate Mediphase into its own intranet and develop it as it wishes. The software will be available to its customers either as a stand-alone product on a PC, or linked to other web sites.

Mediphase is currently installed in around 3,200 pharmacy sites around the UK, which consist of UniChem customers and every Moss pharmacy outlet.

Keith Slater, UniChem's management information services director said the software would provide invaluable links between customers, wholesalers and manufacturers. "UniChem believes that e-commerce will soon be a major part of pharmacists' lives as it is the fundamental basis of pharmacy business for the 21st Century," he said. "The deal enables us to build on our existing e-commerce offering to customers to help them develop and improve their businesses."

White Rose accepts on-line orders

White Rose (Pharmaceuticals), a national full line wholesaler of generics and parallel imports, has launched a web site which enables its pharmacy customers to order on line.

The site: www.WhiteRoseLtd.co.uk, gives pharmacists access to a catalogue of over 1,500 products and their prices, 24 hours a day.

Before placing its first order, a pharmacy must register its details on an on-

COMING EVENTS

JANUARY 18

Fife Branch, RPSGB Visit to Forbo Nairn, Kirkcaldy.

Southampton Branch, RPSGB Visit and presentation at the new Synthetic Chemistry Department, Southampton University. 7.30 for 8pm.

Oxford Branch, RPSGB, at the John Radcliffe Hospital, Oxford. 7.15 for 8pm.

East Metropolitan Branch, RPSGB, at the Wanstead Library. 7.30 for 8pm.

Buckingham Branch, RPSGB, at Buckinghamshire HA, Gatehouse Road, Aylesbury. 7.15 for 8pm.

JANUARY 19

Bath Branch, RPSGB, in the Pratts Hotel, Bath. 8pm. Speaker: Christine Glover.

Hounslow Branch, RPSGB, at the Osterley Four Pillars Hotel, on the Great West Road.

JANUARY 20

Glasgow Branch, RPSGB, in the Western Infirmary Dining Room, Glasgow. 7.30 for 8pm.

Plymouth Branch, RPSGB, at the postgrad medical centre, Derriford Hospital, 7.30 for 8pm.



Bolton-based M&A Pharmachem has appointed six key account managers to provide a national sales service for its generics. Their work will be backed by a new customer services function at the company's headquarters. Its sales expansion is being led by Mike Gatenby, formerly Zeneca Pharma UK's general manager, who was recently appointed M&A's sales and marketing director. The key account team is pictured above with Mr Gatenby, fourth from left; Frank Armstrong, M&A's managing director, centre; and George Charleston, operations director, fourth from right.

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Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debra Thackeray, Chemist & Druggist (Classified), Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.co.uk>. All major credit cards accepted



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Events like this happen frequently in Mike's practice, he said. "It's our stock in trade. It's what we do - day in, day out."

Mr Pearce believes his condition was spotted because, being in a village, Mike has an excellent knowledge of his customers. "The chances of a supermarket pharmacist establishing a knowledge of his customers like this are small," he said. "The moral of the story is: do what your chemist and doctor tell you."

Staff win a Short break in Copenhagen

Staff from Short's Chemist in Gosport have won a weekend break in Copenhagen and a staff party worth £200 after their pharmacy was named Compeed Pharmacy of the Year 1999.

The 800 independent pharmacies invited to take part were judged on their Compeed merchandising window display, knowledge of moist wound healing and sales performance. Twelve regional winners were nominated by Compeed sales representatives. The 11 other winners received a staff party worth £200 and a commemorative clock.



Paul Short (right), proprietor of Short's Chemist, pictured receiving his clock from sales representative Simon Cooper. Also pictured (left to right) are Tracey Tourle, senior product manager, and assistants - Sophie Short, Pam Hunt, Sue Rogers, Helen Nelson, Sara Kirby and Marie Graham

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APPOINTMENTS

UniChem has promoted its associate director of operations, Julian Streeter, and its associate director of logistics and development, Adrian Chen, to its board. Phoenix Medical Supplies has made a number of group appointments. The new buying team will comprise Gary Richards as group ethical buyer, Anne Craigie as group generics/PI buyer, David Sharples as OTC buyer, and Andrew Palfrey as stock inventory controller. Other general appointments include Liz Milne as group

training manager and Sandra Brown as retail human resources manager.

Mawdsleys is expanding its hospital contracts team with the appointment of Monica Lockwood as hospital co-ordinator. Until her appointment Ms Lockwood was running her own computer business.

Baroness Helena Kennedy has been appointed chairperson of the new Human Genetics Commission. Its members include clinicians, researchers, lay members, ethicists and lawyers.



Gary Richards



Anne Craigie

Hazlehursts trek through Nepal for charity

Husband and wife pharmacists Dick and Judy Hazlehurst have raised £4,800 for charity by trekking through Nepal.

Mr and Mrs Hazlehurst, from Craven Pharmacy in Skipton, trekked for eight days in aid of the deafblind charity SENSE. They climbed as high as 13,000ft in often difficult conditions. Trekking through an uninhabited part of the Annapurna region, they did not see another person for three days at a time. Temperatures dipped to -10°C at night, as the adventurers slept in tents.

The group of 17 people were well catered for in case of medical problems, with a GP also in the group. Time out was taken to attend to a local girl with an infected finger. And Mr Hazlehurst suffered from altitude sickness for two days, but he recovered as the group descended.

Sponsorship money was raised through friends and customers, and donations ranged from £1 to £200. The couple are particularly grateful for a donation of £1,000 from UniChem.



Dick and Judy Hazlehurst in front of the Annapurna range in Nepal



Lloydspharmacy branch and head office staff - The Duckers and Divers - have pulled together in a whitewater challenge that raised £9,780 for the British Diabetic Association. A team from Roche Diagnostics narrowly beat the Novo Nordisk team in a hard paddled final. A team from Medisense also made a splash. The Duckers and Divers are (l-r, back row first) Jane Lamb, Gareth McCague, Gillian Rae, Helen Rose, Shaun Brotherwood, John Gregory, Christine Wilson and Rakesh Kaplia.

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(1) Information Resources MAT 18 04 99

Abbreviated product information for Diflucan One. **Presentation:** Capsule containing 150mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed, co-administration of terfenadine and cisapride. **Warnings:** Lactation: Not recommended. **Drug interactions:** Relevance to single dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** P. **Package Quantity and Cost Price:** 150mg capsule, pack of 1, £7.12 (PL 1906/0017). **Product Licence Holder:** Pfizer Consumer Healthcare, Wilson Road, Alton GU34 2JU. **Date of preparation:** June 1999.